

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Sick Call

Policy Number: 507.04.27

Effective Date: 1/27/2022

Page Number: 1 of 12

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Offenders will have the opportunity to request health services for non-emergent illnesses or injury on a daily basis. Access to services will occur through the Sick Call process. Facilities may recover certain reasonable Health Care costs from state offenders housed in their custody. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include private and county prisons.

II. Authority:

- A. O.C.G.A. §§ 42-5-54 and 42-5-55;
- B. Ga. Comp. R. & Regs. R. 125-4-4-.01, 125-4-4-.02, 125-4-4-.03, and 125-4-4-.04;
- C. GDC Standard Operating Procedures (SOPs): 209.03 Disciplinary Isolation, 507.04.02 Transitional Center Health Services, 507.04.05 Charges to Offender Accounts for Health Care Provided, 507.04.07 Scope of Treatment Services, 507.04.23 Medical Classification and Profiling, 507.04.26 Privacy of Care, 507.04.31 Nursing Protocols, 507.04.33 Health Evaluation of Offenders in Restrictive Housing, 507.04.49 Health Promotion and Disease Prevention, and 507.04.56 Clinic Space, Equipment, and Supplies;
- D. National Commission on Correctional Health Care (NCCHC) Adult Standards: P-E-07 -Non-Emergency Health Care Requests and Services, P-A-01 -Access to Care, P-E-8 -Nursing Assessment Protocols, and P-A-07 - Privacy of Care; and
- F. ACA Standards: 5-ACI-6A-01 (Mandatory), 5-ACI-6A-03, 5-ACI-6A-02, 5-ACI-6B-04, and 4-ALDF-4C-03.

III. Definitions:

- A. **Sick Call** - The system through which offenders receive health services for non-emergency illnesses or injuries.

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- B. **Nursing Protocols** - Written instructions or guidelines that specify the steps to be taken in evaluating a patient's health status and that guide documentation in the health record. Such protocols may include first-aid procedures for the identification and care of ailments that ordinarily would be treated by an individual through self-care. Such protocols may also address more emergent symptoms such as chest pain or shortness of breath. They provide a sequence of steps to be taken to evaluate and stabilize the patient until a provider is contacted, and orders are received for further care
- C. **Triage** - The sorting out and classification of offender health complaints to determine priority of need.
- D. **Urgent Referral** - The Licensed Health Care Provider will conduct an evaluation within the same day.
- E. **Emergent Referral** - The Licensed Health Care Provider will conduct an immediate evaluation.
- F. **Rounds** - A daily, weekly, or three times weekly visit, by medical staff, to restricted housing areas to visually inspect all offenders housed there and give each offender the opportunity to voice a concern and request general medical information or services.
- G. **Responsible Health Authority** - A Qualified Health Care Professional, who may or may not be a physician, that is designated to ensure the provision of appropriate health care for all offenders. When this authority is other than a physician, medical judgments rest with a designated licensed physician.
- H. **Health Care** - The sum of all action taken, preventative and therapeutic, to provide for the physical and mental well-being of a population. It includes medical and dental services, mental health services, nursing, personal hygiene, dietary services, and environmental conditions.

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I. **Qualified Health Care Professional** - Includes physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

J. **Licensed Health Care Provider** - An individual licensed in the delivery of Health Care.

IV. Statement of Policy and Applicable Procedures:

A. Access to Sick Call:

1. Upon arrival at any Georgia Department of Corrections (GDC) facility, offenders will be oriented verbally and in writing (and in a language that is easily understood by each offender) by Health Care or correctional staff regarding access to health services, including Sick Call and the required co-pay for Sick Call service and medication.
2. Access to Sick Call will occur through a confidential written request form. Offenders will be instructed to complete a Health Service Request Form (PI-2064) and place it in a secure box in the housing units or centralized location such as the dining area, per local operating procedure (LOP).
3. A Qualified Health Care Professional will ensure that an adequate number of Health Service Request Forms are available in designated areas. Offenders needing assistance in completing these forms may request assistance from any staff member. Staff will write the offender's name and "Can't Write" or "Visually Impaired" and place the form in the box.
4. Medical treatment which is requested by the offenders will be subject to charge in accordance with SOP 507.04.05. Medical care will be provided regardless of an offender's ability to pay.

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5. Facilities Without Weekend/Holiday Qualified Health Care Professionals:
 - a. Qualified Health Care Professionals will educate offenders that non-urgent health service request forms submitted on weekends for non-urgent complaints will be scheduled to be seen in Sick Call the next working day for the Licensed Health Care Provider.
 - b. Qualified Health Care Professionals will educate offenders to contact a correctional staff member if they have an urgent/emergent Health Care need that cannot wait for the next scheduled Sick Call.
 - c. If the offender indicates that the complaint is urgent and cannot wait until the next Sick Call, the officer should contact the medical unit to receive direction from a Licensed Health Care Provider. If it is a weekend or holiday and there is no Qualified Health Care Professional in the facility, the officer should contact the on-call provider.
6. The Health Service Request Form will be collected and Triaged by a Qualified Health Care Professional daily, seven (7) days a week, except for those facilities that do not have seven (7) day per week medical coverage. Qualified Health Care Professionals will evaluate the request as follows:
 - a. If the offender has checked the space indicating a desire to be evaluated at Sick Call and the complaint is of a non-urgent nature, the offender's name will be placed on the Sick Call roster for the next working day with the appropriate level provider based on the complaint.
 - b. When a Health Service Request Form describes clinical symptoms, the offender must be scheduled for Sick Call even if the offender has not checked that space on the form.
 - c. If the offender has checked the space indicating a desire to be evaluated at Sick Call and the complaint is of a potentially urgent nature (e.g., ear pain), arrangements will be made to evaluate within the same day.

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- d. If the offender does not wish to be evaluated at Sick Call but desires a medication refill, laboratory test results, etc., the Qualified Health Care Professional will review the health record and provide a written response to the offender or, if necessary, schedule the offender for an appointment.
 - e. Offenders Who Wish to Cancel Sick Call Services: If a Health Service Request Form was submitted and then the offender chooses not to be seen, the offender may submit a second Health Service Request Form indicating a desire to cancel the request for evaluation or he/she must report to Sick Call as scheduled to communicate the desire to cancel a Sick Call evaluation. The offender may sign and date the original Health Service Request Form on the cancellation line in the Request Section of the form or sign a refusal form.
 - f. Offenders who are requesting profile renewals (medical restrictions) may have a direct referral to the physician, physician assistant, or nurse practitioner. If the offender is requesting a new profile (medical restriction), he/she should be scheduled in nursing Sick Call for the initial evaluation. If appropriate, the nurse will refer the offender to a physician, physician assistant, or nurse practitioner for evaluation for the profile (medical restriction). The offender will not be charged for administrative renewals of permanent profiles. Vital signs will not be required at each encounter to renew medical profiles. The criteria to be used for assigning a profile (medical restriction) can be found in SOP 507.04.23.
7. The Qualified Health Care Professional will document the date the Health Service Request Form was received and the Triage decision on the Health Service Request Form in the disposition section as emergent, urgent, or routine.
 8. Health service requests resulting in a clinical encounter and/or the administration of over the counter (OTC) medication will have this information documented in the progress note section of the health record using the appropriate nursing assessment protocol form.

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9. Offenders will be encouraged to purchase over the counter medications in the commissary for minor self-treatable health problems. The list of available items will be provided to the offender and is available on CAPTIVA.
10. Health Service Request Forms will not be used to document clinical information.
11. Co-pay is applicable in accordance with SOP 507.04.05 for co-pay eligible medications.
12. Written responses to the offender regarding normal lab test results, etc. will require an administrative note or acknowledgement on the Health Service Record. Written responses to offenders will be kept confidential.

B. Conducting Sick Call:

1. Sick Call will be conducted at least five (5) days a week except weekends, holidays, and unusual circumstances.
 - a. State Prisons, RSAT, ITF, PDC will require a face-to-face encounter within 24 hours of request receipt by a Qualified Health Care Professional.
2. A physician, physician assistant, nurse practitioner, registered nurse, or licensed practical nurse will conduct Sick Call. Nurses conducting Sick Call will receive training on Nursing Protocols and the referral system.
3. A licensed practical nurse may Triage complaints, take vital signs, and distribute OTC medications for illnesses that are so mild, that if the person resided in the community, he/she would most likely self-treat by going to a drug store or available at the prison commissary. See SOP 507.04.49 for more information on OTC medications in the commissary. Any complaint that requires medical diagnosis and evaluation must be referred to a higher-level provider.

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4. Nursing personnel will be trained in the use of Nursing Protocols. The most appropriate Protocol Assessment Form will be used to document the Sick Call encounter and should be placed in the progress note section of the health record or within the approved electronic health record at the completion of the visit.
 - a. A Licensed Health Care Provider will address the clinical concerns raised by the patient on the Health Service Request Form during the Sick Call encounter. Patients will not be limited to one complaint per encounter on the Health Service Request Form. Regardless of the number of complaints that the patient may have, the patient will be limited to the scheduled time frame with the most urgent complaints prioritized during the encounter.
 - b. Offenders who have been in Sick Call twice for the same complaint without satisfactory resolution will be referred to a physician, physician assistant, or nurse practitioner. The offender will not be charged for the referral visit.
5. The nurse may treat, without referral, health problems assessed as minor and amenable to treatment by first aid and/or OTC medications according to the Nursing Protocols.
6. Patients having health complaints which are beyond the training or experience of the nurse will be referred in accordance with criteria outlined in the Nursing Protocols.
 - a. Emergent Referral - The nurse will refer the patient to a clinician immediately.
 - b. Urgent Referral - The nurse will refer the patient to a clinician the same day.
 - c. Routine Referral - The nurse will refer the patient to a clinician to be seen within ten (10) calendar days.

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7. A clinician will be available on-site, by phone, or virtually to evaluate Sick Call referrals according to the following:
 - a. There must be sufficient physician time to fulfill both clinical and administrative responsibilities.
 - b. Physician assistants or nurse practitioners can substitute for a portion of the physician's time seeing patients; however, a physician will be available for consultation and/or referrals a minimum of once a week.
8. The Responsible Health Authority in collaboration with the warden will ensure that "No Shows" are not permitted for Sick Call, scheduled appointments, laboratory tests, or consultations. Security staff will be contacted to determine the location of the offender so that the appointment can be completed. If the offender is out of the institution or approved to miss the appointment or misses their appointment, the reason will be documented in the progress notes and on the Sick Call log and the appointment will be rescheduled.
9. Transitional Centers will be responsible for Sick Call services in accordance with SOP 507.04.02 Transitional Center Health Services.
10. Sick Call will be conducted in an adequately equipped room with access to water for hand washing between patient encounters.
11. Encounters will be conducted in a manner that provides privacy and maintains confidentiality for the offender as outlined in SOP 507.04.26.
12. The health record will be present for all patient encounters. Each encounter will generate an entry in the health record using the Problem Oriented Medical Record (POMR) format. e.g., SOAPE format. A physician, physician assistant, or nurse practitioner will identify health problems of a serious or chronic nature on the problem list. A registered nurse or licensed practical nurse may add a previous or current medical diagnosis to the problem list if it is not there or ask the clinician to do so.

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C. Sick Call in Restrictive Housing Areas:

1. Sick Call will be available to offenders in restricted housing consistent with the provision of Sick Call for general population including the charge for medical treatment and co-pay medications that are requested by the offender.
 - a. The Health Service Request Form will be utilized to make a non-urgent request known.
 - b. The offender may also submit a request during medical Rounds to the Licensed Health Care Provider or during pill call.
2. The request form will be collected in a manner that ensures confidentiality. The offender will use an envelope, collected by nurses, or placed directly into a portable lockbox by the offender etc.
3. Sick Call encounters in restricted housing will be conducted in an adequately equipped room in the immediate area with access to water for handwashing or in the main clinic. Encounters will be conducted in a manner that provides privacy and maintains confidentiality for the offender as outlined in SOP 507.04.26.
4. The health record will be present for all patient encounters. Documentation of each Sick Call encounter will be made in the health record progress notes using the most appropriate nursing assessment protocol form.
5. Offender cancellation of a scheduled Sick Call encounter will be documented the same as in general population (Refer to Section IV.A.6.e.).
6. The Sick Call encounter will not take place in the offender's cell.

D. Medical Rounds in Restrictive Housing:

1. A Licensed Health Care Provider will make initial medical Rounds of an

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offender placed in restrictive housing within 24 hours of placement.

2. A Licensed Health Care Provider will make Rounds in restrictive housing daily.
3. Upon arrival at the restrictive housing unit, the Qualified Health Care Professional will sign in the security logbook.
4. The Qualified Health Care Professional will document Rounds on the Isolation/Segregation Encounter Form P-30-0009-01. The Qualified Health Care Professional will also sign the security Segregation Checklist.
5. Physicians, physician assistants, or nurse practitioners will make segregation Rounds a minimum of once per week and document these Rounds on the security Segregation Checklist (see SOP 209.06 Attachment 3 or 3A) and on the Isolation/Segregation Encounter Form (P30-0009.01).
 - a. All health service requests requiring a more in-depth examination shall result in a referral to the appropriate level provider.
 - b. The referral visit will take place in an examination room that meets SOP requirements with the health record present (refer to SOP 507.04.56).
 - c. The assessment or evaluation visit will not take place in the offender's cell.
6. If the offender's medical or mental health condition contraindicates continued assignment to restrictive housing, the physician will notify the warden/superintendent or designee to have the offender placed in an appropriate treatment setting (e.g., Infirmary) until the medical/mental health condition improves. The physician will notify the warden/superintendent or designee when the medical/mental health issue no longer requires a special setting. All infirmary transfers are subject to utilization management (UM) policies. Utilization management must be directly involved in arranging for the transfer to an infirmary or other medical monitored bed. Staff should notify the

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on-call UM nurse to arrange for infirmary transfers. The warden at the sending facility must be notified to initiate the transfer process, if to another facility. The warden is notified whenever an offender is admitted to segregation. In the case of the wardens' absence at the time of segregation, the warden is notified as soon as he/she returns.

E. Appointment Tracking and Data Collection:

1. Use of the Sick Call Encounter Log for General Population (P03-0005.10) and Restrictive Housing (P03-0005.11) are mandatory and will be maintained separately. The logs will document all Sick Call requests and urgency and may be computerized.
 - a. The disposition section of the log will record a brief description of what was done for the patient e.g., treated, medications given, referred to P.A., etc.
 - b. If the patient does not come to Sick Call as scheduled, Health Care personnel will document the reason in the disposition column.
 - c. If a Sick Call appointment is rescheduled, Health Care personnel will document the reason in the disposition column.
 - d. If the offender refuses and/or cancels a scheduled Sick Call visit, this will be documented on the log.
2. Health Service Request Forms will be filed into the medical chart as a permanent document, and sick call encounter logs will be retained for at least three (3) years and then discarded.
3. The tracking logs or system for scheduling and tracking Sick Call encounters by date and type of provider will be maintained for the preceding three (3) years.

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F. Quality Improvement Activities:

1. A physician will conduct a biweekly review of a sample of 10% of the Sick Call health records to include all providers who conduct Sick Call. This review is protected as peer review. The Sick Call records of physicians, physician assistants, and nurse practitioners come under peer review as described in SOPs 507.01.12, Continuous Quality Improvement and 507.03.08, Nurse Practitioner or Physician's Assistant Practice.
2. The record review is to evaluate the quality and documentation of the assessment process and plan of care and should include the appropriateness and timeliness of referrals. A log of reviewed health records will be maintained (Health Record Review Log P03-0002.01, available on Captiva/Resources/02 Physical Health/Health Record Manual/Health Record Forms).
3. The physician will provide feedback to nursing and other Qualified Health Care Professional regarding the appropriateness of the Triage, assessment, plans of care, and referrals.
4. The director of nurses should review ten (10) charts from Sick Call monthly, observe nurses' performance at Sick Call, and provide feedback to nurses on the Sick Call process and their performance. As the performance level improves, the review can be done quarterly. A log of reviewed health records will be maintained (Chart Review Log P03-0002.01, available on Captiva).

Note: Forms associated with this SOP may be found on the GDC Intranet at Captiva/Resources/Health Services Documents/02 Physical Health/Health Record Manual/Ancillary or Health Record Forms. Completed records and files shall be maintained for 10 years.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.